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Time or many revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).	POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO						
Practitioner(s) named below (if more than ton petent practitioners are to be named, then a customer number must be used)			f attorney given in t	he application identified in	the attached statement under		
OR Practitioner(s) named below (if more than tan patiant practitioners are to be named, then a outdomer number must be used) Name Registration Name Registration Number N							
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City State Zib County Telephone Email Assignee Name and Address: Aprolase Development Co., LLC 2711 Centerville Road, Suite 400 Wilmington, DE 19808 USA Acopy of this form, bugsther with a statement under 37 CFR 3.78() (Form PTO(58)75 or equivalent) is required to be fixed in each application in which this form is used. The statement under 37 CFR 3.78() may be completed by one of the precitioners appointed in this form if the appointed practitioner is authorized to set on briefly one of the precitioners appointed in the form if the appointed practitioner is undertorated to set on briefly one of the practitioners and most identify the application in which this Power of Attorney is to be filled. Signature Signature and title is supplied below is sufforcized to set on behalf of the assignee. Date 4.17. o.9 The individual whose signature and title is supplied below is sufforcized to set on behalf of the assignee. Date 4.17. o.9 Talley Authorized Person for Aprolase Development Co., LLC	X The	address associated with Cust	_		isinent unuer 37 GFR 3.73(II) III.		
Country Telephone Email Assignee Name and Address: Aprolase Development Co., LLC 2711 Centerville Road, Suite 400 Wilmington, DE 19808 USA Acopy of this form, bigather with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the precitioners appointed in this form if the appointed precitioner is unbindraded so ect on behalf of the sealines, and must identify the application in which this Power of Attorney is to be filled. Signature Signature and title is supplied below is authorized to act on behalf of the assignee. Date 4.17. o 9 Name Melissa Coleman Tolephone Tible Authorized Person for Aprolase Development Co., LLC	Address						
Assignee Name and Address: Aprolase Development Co., LLC 2711 Centerville Road, Suite 400 Wilmington, DE 19808 USA A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/98 or equivalent) is required to be filled in each spilication in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the prectitioners expolated in this form if the spicietion of Address's to be filled. SIGNATURE of Assignes of Record The individual whore signature and file is empided before its entire to be that. Signature Mame Melissa Coleman Telephone Telephone Telephone							
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This confiction of Information is registed by 37 CFR 1.51, 1.22 and 1.33, The Information is required to debit or relatin a boundit by the public which is to life (and by the USPTO to proceed) an application, Conformation (and the USPTO). This will way 5 certain the collection is estimated to blast all misses to complete, lecksing gethering, preparing, and submitting the completed application from the MUSPTO. This will way depending upon the individual cases, or comments on the amount of the reput cases to complete its file man and the application for except the USPTO. This will way depending upon the individual cases. Moreover, the comments on the amount of the reput cases the complete its file man and the application for except the little descript bit butter, which do as well to the Child information Officer, US, Peter and Trademant Officer, US, Department of Commence P.O. Box 4.60, Alexandria, VA 225154-160, DO NOT SEND FEES OR COMPLETED FORMST TO THIS ADDRESS. SEMD TO: Commission for for Patients, 2009. Doc 4.456, Alexandria, VA 225154-160, DO NOT SEND FEES OR COMPLETED FORMST TO THIS ADDRESS. SEMD TO: Commission for for Patients, 2009. Doc 4.456, Alexandria, VA 225154-160, DO NOT SEND FEES OR COMPLETED FORMST TO SEMD FEES OR COMP

DECLARATION REGARDING AUTHORITY TO SIGN ON BEHALF OF A LEGAL ENTITY 37 C.F.R. 3.73(b)(2)(ii)

I, Melissa Coleman (whose title is supplied below), hereby declare that I am authorized to
sign the Power of Attorney to Prosecute Applications Before the USPTO on behalf of Aprolase
Development Co., LLG.
I refunda som
Melissa Coleman, Authorized Person for Aprolase Development Co., LLC
4.17.89
Date